

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593707

FILING DATE

09-21-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6		2		1		
7		2		1		
8		2		1		
9	1		1			
10	1		1			
11		2		1		
12		2		1		
13		2		1		
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19	1		1			
20	1		1			
21		2		1		
22		2		1		
23		2		1		
24	1		1			
25	1		1			
26		2		1		
27		2		1		
28		2		1		
29	1		1			
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41				1		
42				1		
43				1		
44				1		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	13	↓	13	↓		↓
TOTAL DEP.	32	←	32	←		←
TOTAL CLAIMS	45		45			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						